

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 170-170)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1						
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49						
50						
TOTAL NO.	21					
TOTAL DEF.	7					
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
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TOTAL NO.						
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